FILING DATE SERIAL NO " MULTIPLE D. NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 375) APPLICANTIST CLAIMS 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. DEP. IND. DEP. ומאו DEP. ואם. AS FILED IND. | DEP. 60\_ 62] 12. 7. - 19 75. 24,7 . 28 79 1 • 33 . 43 TOTAL TOTAL DEP: TOTAL ٠٠٠;٠٠ 那些學 • WAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Patient and Trademark Office TOTAL

TOTAL CLAIMS PTO-1360 (2-78)